



Concept Paper

Health and Medicine Policy Research Group
29 East Madison Street, Suite 602
Chicago, Illinois 60602
Via email: info@hmprg.org

Re: Concept Paper for an 1115 Waiver for Illinois Medicaid

Dear Health and Medicine Policy Research Group:

Interfaith House appreciates the opportunity to submit comments regarding the Concept Paper for the 1115 Waiver for Illinois.

In an analysis of the most recent census reports, released by the Homelessness Research Institute in September of 2011, it is estimated that homelessness in the United States will increase by 5% over the next three years. It warned that “the most ominous indicator with respect to homelessness is the continuing rise in deep poverty, which increased to a record level of 20.5 million people in 2010.”

The National Coalition for the Homeless has documented that chronic illness and/or disability conditions, including HIV/AIDS, are more prevalent in the homeless population due to such factors as poor hygiene, malnutrition, and exposure to cold and rainy weather. It reports that homeless people are three to six times more likely to become ill than housed people. Individuals experiencing homelessness have disproportionately high rates of acute and chronic illnesses, and corresponding high rates of hospital utilization. Lack of housing complicates discharge planning and subsequent recovery, leading to high rates of hospital re-admission as well. This pattern has substantial cost implications for the health care system, compounded by the fact that individuals experiencing homelessness frequently also lack insurance.

A study based in Canada, where health coverage is universal, found that people experiencing homelessness continued to experience longer inpatient stays and accrued significantly more in hospital costs than their housed counterparts. Therefore it can be inferred that being insured does not necessarily reduce hospital utilization. In fact, according to a nationwide study, the average hospital stay for most residents is 4.6 days, but those facing homelessness average a stay nearly twice as long. Inpatient stays 3-4 times longer and more frequent emergency room utilization are some of the consequences of inadequate housing, regardless of insurance status. Whereas a housed individual would normally be discharged to their home for rest and recuperation after a common procedure, people who are experiencing homelessness frequently must remain in the hospital, or risk complications that are likely to arise from returning to the streets.

Health coverage is a tremendous step toward improving health care, and innovative models of delivering care are now needed to reduce costly and avoidable hospitalizations and re-admissions of people who are experiencing homelessness. States have a significant degree of flexibility to implement models of care that will improve health outcomes and minimize costs. This flexibility could be utilized to adopt or promote a model of care which helps reduce the unnecessary costs of hospital recidivism by homeless individuals. A number of reports and analyses have been published on some applicable models of care, such as: health homes, home- and community-based service models, chronic disease prevention programs, and permanent supportive housing.

Medical Respite

Medical Respite is an innovative solution to the problem of appropriately caring for homeless individuals within our current health care system. Medical Respite care is acute and post-acute medical care for homeless persons who are too ill or frail to recover from a

physical illness or injury on the streets, but who are not ill enough to remain in a hospital. Medical respite allows homeless individuals the opportunity to recuperate in a safe environment while accessing medical care and other supportive services. The analysis below describes medical respite care as an innovative model of care that reduces hospitalizations, and details state policy options for receiving federal Medicaid funding to support this service.

The first study looking at the effects of medical respite care for homeless residents was published in 2006. The study, conducted between 1998 and 2000, looked at the impact of medical respite care on inpatient days, emergency department visits, and outpatient clinic visits for patients of an urban public hospital. Patients were separated into two groups: patients referred and accepted into the medical respite program and patients referred but denied beds due to capacity issues. During the 12 months of follow-up, the group that used medical respite services required fewer hospital days (3.4 vs. 8.1 days). Though the study also found a reduction in emergency department utilization and an increase in outpatient clinic visits by the medical respite group, the findings were not statistically significant.

The second study, published in 2009, examined whether post-hospital discharge to a medical respite program was associated with a reduced chance of a 90-day readmission compared to other disposition options. Conducted in Boston between 1998 and 2001, this study found that discharge to a medical respite program was associated with a 50% reduction in readmissions up to 90 days post-discharge, compared to discharge to the streets and shelters.

Interfaith House has addressed the challenge of providing medical respite care to homeless individuals by developing a 64-bed medical respite program that serves over 300 ill and injured homeless individuals annually and operates around the clock, providing an

on-site clinic where residents can meet with medical professionals, interim housing and meals, support services, behavioral health assistance and counseling sessions, and individual case management.

The Interfaith House medical respite program was established in 1994 to fill this void of the health care delivery for men and women who had been discharged from treatment at local hospitals or clinics with nowhere to go to recuperate. Most residents seen in the medical respite setting are referred to the program by hospitals or other community health care providers. Post-acute medical care is delivered by physicians, physician assistants, and nurse practitioners. Though the length of stay varies depending on the client's medical condition, financial stability and stable discharge placement options, the average resident completes their medical recovery 4 to 8 weeks. During this time, residents are provided with medical oversight and offered an array of services aimed at improving health. Services such as education around acute and chronic disease management are a core part of medical respite programs. Interfaith House also uses a number of techniques to maximize the efficacy of residents' education, including motivational interviewing and self-management goal setting. We also work with program participants to help them better navigate the health care system. Residents are linked to a primary care provider and are counseled on when to visit their primary care provider and when to go to the emergency department.

Homeless adults with acute medical needs get referred to Interfaith House by over 65 area hospitals and by the Chicago Department of Family and Support Services. In our last completed fiscal year, Interfaith House served 304 ill and injured homeless adults by providing medical respite, access to healthcare, psychosocial services, interim housing and assistance in obtaining stable independent housing.

Prior to their arrival at Interfaith House, our residents have usually lived on the streets, eating in soup kitchens and moving from one homeless shelter to another. They come to us with many untreated conditions: last year 95% of residents had a physical disability; 50% suffered from mental illnesses; 34% reported they are living with HIV/AIDS; and 56% suffered from addiction. Residents were 83% African-American, 10% Caucasian, and 7% Hispanic; 75% of them were men and 25% women; 36% are age 55-years or older; and 18% were veterans. All of our clients live below the poverty level: 44% are considered chronically homeless, and 54% have no income at all.

Interfaith House is a recognized leader in the network of organizations working to address the challenges faced by Chicago's homeless population. Interfaith House is a unique organization, which fills what was a service gap, helping homeless men and women with medical recovery needs that cannot be appropriately addressed in a shelter environment. We provide program participants with medical respite care, interim housing and meals, as well as support services to help residents begin to address the root causes of their homelessness, and aid them in obtaining stable housing. We believe there is a direct link between stable medical and mental health, and stable housing.